

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Gov'n't

IMPORTANT: Indicate by # type of committee you are reporting for: 2
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	<u>6033</u>
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

James P. Kelly
SIGNATURE OF PERSON FILING REPORT

515-345-2950
TELEPHONE

DATE SIGNED

I AM FILING A July 19, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

11,559.89

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,217.44

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

13,777.33

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,250.00

Schedule F: Loan Repayments total (Attach Schedule F)

11,527.33

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
Various	ID# CK#	Norm Anderson 814 E Franklin Indianola, IA 50125		\$80.00	<input type="checkbox"/>
Various	ID# CK#	Monte Ball 304 41st St West Des Moines, IA 50265		65.00	<input type="checkbox"/>
Various	ID# CK#	Jeff Birdsley 3612 80th St Urbandale, IA 50322		42.80	<input type="checkbox"/>
Various	ID# CK#	Jean Bloomburg 4638 Elm St West Des Moines, IA 50265		20.00	<input type="checkbox"/>
Various	ID# CK#	Heather Boustead 7618 Madison Ave Urbandale, IA 50322		39.92	<input type="checkbox"/>
Various	ID# CK#	Scott Butler 100 30th St Des Moines, IA 50312		34.03	<input type="checkbox"/>
Various	ID# CK#	Allison Cate 6709 Compton Ct Johnston, IA 50131		13.00	<input type="checkbox"/>
Various	ID# CK#	Dennis Christy 1801 NW 81st St Clive, IA 50325		43.50	<input type="checkbox"/>
Various	ID# CK#	Deana Clark 202 S Main Monroe, IA 50170		16.25	<input type="checkbox"/>
Various	ID# CK#	James Clough 2842 Druid Hill Dr Des Moines, IA 50315		42.25	<input type="checkbox"/>

SUB-TOTAL

\$ 396.75

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
Various	ID# CK#	Ken Cumpston 1906 NW 152nd St Clive, IA 50325		\$42.25	<input type="checkbox"/>
Various	ID# CK#	Ray Davis 12926 Timberline Urbandale, IA 50323		42.35	<input type="checkbox"/>
Various	ID# CK#	Jim Dawson 9017 Ridgeview Dr Johnston, IA 50131		48.00	<input type="checkbox"/>
Various	ID# CK#	Ken Fitzgerald 2303 W Girard Ave Indianola, IA 50125		33.10	<input type="checkbox"/>
Various	ID# CK#	Jim Fontanini 929 43rd st West Des Moines, IA 50265		97.50	<input type="checkbox"/>
Various	ID# CK#	Nancy Green 823 16th St West Des Moines, IA 50265		45.50	<input type="checkbox"/>
Various	ID# CK#	Ron Hallenbeck 5880 Brentwood Circle Johnston, IA 50131		136.50	<input type="checkbox"/>
Various	ID# CK#	Ron Herman 1209 Bentwood Ct Altoona, IA 50009		32.42	<input type="checkbox"/>
Various	ID# CK#	Charles Herrod 4716 67th St Urbandale, IA 50322		65.00	<input type="checkbox"/>
Various	ID# CK#	Jessica Hilton 5322 SE 25th St Des Moines, IA		3.84	<input type="checkbox"/>

SUB-TOTAL

\$ 546.46

TOTAL (if last page of this schedule)

\$

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

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Various	ID# CK#	Dave Hixenbaugh 4903 Lakewood Dr Norwalk, IA 50211		\$42.72	<input type="checkbox"/>
Various	ID# CK#	Dick Hoffmann 717 S 25th Cr West Des Moines, IA 50265		47.50	<input type="checkbox"/>
Various	ID# CK#	Kevin Hovick 13560 Lake Shore Dr Clive, IA 50325		77.50	<input type="checkbox"/>
Various	ID# CK#	Curt Husske PO Box 248 Maxwell, IA 50161		53.89	<input type="checkbox"/>
Various	ID# CK#	Ron Jean 2214 Ridgewood Dr Altoona, IA 50009		97.50	<input type="checkbox"/>
Various	ID# CK#	Jerry McClelland 9609 Tanglewood Dr Urbandale, IA 50322		53.25	<input type="checkbox"/>
Various	ID# CK#	Denise Mernka 4328 New York Ave Des Moines, IA 50310		15.88	<input type="checkbox"/>
Various	ID# CK#	Bob Morlan 3404 Wakonda Ct Des Moines, IA 50321		130.00	<input type="checkbox"/>
Various	ID# CK#	William Murray 1770 Birchwood Circle Waukee, IA 50263		42.25	<input type="checkbox"/>
Various	ID# CK#	Bob Neswold 7106 El Rancho Ave Windsor Heights, IA 50322		39.91	<input type="checkbox"/>

SUB-TOTAL

\$ 600.40

TOTAL (if last page of this schedule)

\$

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Page 3 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
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Various	ID# CK#	Joel Oswald 4565 Parkview Dr Pleasant Hill, IA 50327		\$24.00	<input type="checkbox"/>
Various	ID# CK#	Ron Paine 10577 Elmorest Dr West Des Moines, IA 50265		67.50	<input type="checkbox"/>
Various	ID# CK#	Sean Pelletier 13927 Bryn Mawr Dr Urbandale, IA 50323		42.25	<input type="checkbox"/>
Various	ID# CK#	Mark Reese 4765 NW Lovington Dr Des Moines, IA 50310		44.00	<input type="checkbox"/>
Various	ID# CK#	Sheila Reese 4765 NW Lovington Dr Des Moines, IA 50310		3.00	<input type="checkbox"/>
Various	ID# CK#	Richard Schulz 1620 Greenbranch Circle West Des Moines, IA 50265		25.00	<input type="checkbox"/>
Various	ID# CK#	John Schumacher 4718 93rd Urbandale, IA 50322		38.08	<input type="checkbox"/>
Various	ID# CK#	Robert Seiler 4030 124th St Urbandale, IA 50322		42.25	<input type="checkbox"/>
Various	ID# CK#	Herb Suffell 990 3rd St Waukegan, IA 50263		40.00	<input type="checkbox"/>
Various	ID# CK#	Becch Turner 1654 Thornwood Rd West Des Moines, IA 50265		42.25	<input type="checkbox"/>

SUB-TOTAL

\$ 368.33

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

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Various	ID# CK#	Ron Zoss 8017 Phum Dr Urbandale, IA 50322		\$45.50	<input type="checkbox"/>
5/2009	ID# CK#	Kristi Johnson 1647 38th St Des Moines, IA 50310 check		50.00	<input type="checkbox"/>
5/2009	ID# CK#	Ross Sales 724 46th St West Des Moines, IA 50265 check		25.00	<input type="checkbox"/>
5/2009	ID# CK#	Jeff Monson 10110 Hickory Ln Urbandale, IA 50322 check		25.00	<input type="checkbox"/>
5/2009	ID# CK#	Bob Link 214 NE 64th St Des Moines, IA 50327 check		97.50	<input type="checkbox"/>
5/2009	ID# CK#	Allan Pauley 407 Hartford Ave Des Moines, IA 50315 check		62.50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 305.50

TOTAL (If last page of this schedule)

\$ 2217.44

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co Political Action Committee for Responsible State Govt

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/8/2009	ID# 1318 CK# 1148	Paulsen for State House 1305 Cress Pkwy Hiawatha, IA 52233	Campaign Contribution	\$ 250.00
5/19/2009	ID# 1255 CK# 1149	Quirk for State Representative 1011 Sunset New Hampton, IA 50659	Campaign Contribution	100.00
5/19/2009	ID# 527 CK# 1150	Mertz for Representative 607 110th St Ottosen, IA 50570	Campaign Contribution	100.00
5/19/2009	ID# 1641 CK# 101	Kelley for Iowa House 1922 Mayfair Waterloo, IA 50701	Campaign Contribution	100.00
5/19/2009	ID# 987 CK# 102	Huser for State Representative 213 7th St NW Altoona, IA 50009	Campaign Contribution	100.00
5/19/2009	ID# 1707 CK# 103	Marck for State Representative 1741 Riverside Road Riverside, IA 52327	Campaign Contribution	100.00
5/19/2009	ID# 1665 CK# 104	Bailey for State House 521 Elmhurst Drive Webster City, IA 50595	Campaign Contribution	100.00
5/19/2009	ID# 1608 CK# 105	Heckroth for Senate 1010 Ridgewood Blvd Waverly, IA 50677	Campaign Contribution	100.00
SUB-TOTAL				\$ 950.00
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/5/2009	ID# 870 CK# 106	Warnstadt for Senate Committee 3301 Chambers St Sioux City, IA 51104	Campaign Contribution	\$ 100.00
6/10/2009	ID# 9161 CK# 107	Republican Committee of IA 621 E 9th St Des Moines, IA 50309	Contribution	1000.00
6/29/2009	ID# 1347 CK# 108	Citizens for Rob Hogg 2750 Otis Road Se Cedar Rapids, IA 52403	Campaign Contribution	100.00
6/29/2009	ID# 1400 CK# 109	Upmeyer for House 2175 Pine Ave Garner, IA 50438	Campaign Contribution	100.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1300
TOTAL (If last page of this schedule)				\$ 2250

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)